MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

09/831652

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		4				
3		8				
4		8				
5		8				
6		8				
7		8 6				
8		8 6				
9		8 6				
10		8 6				
11		8 6				
12						
13		8 6				
14		8 6				
15		8 6				
16	1					
17	1	1				
18	1					
19		1				
20		0				
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	5					
TOTAL CLAIMS						

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND	DEP.
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

TO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENT   U.S. DEPARTMENT